

FOR OFFICE USE ONLY		ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS FIRST TIME ADOPTION APPLICATION FOR BIRTH CERTIFICATE										FOR OFFICE USE ONLY															
SFN#																		TRX#		TRX DATE				FILE CLOSE			

BIRTH FACTS OF REGISTRANT (AFTER ADOPTION)	NAME: FIRST			MIDDLE				LAST										SUFFIX			
	DATE OF BIRTH: DAY MONTH YEAR					SEX		PLACE OF BIRTH: TOWN OR CITY COUNTRY													

ADOPTIVE PARENTS' INFORMATION	FATHER'S NAME: FIRST			MIDDLE				LAST				DATE OF BIRTH				PLACE OF BIRTH (STATE OR COUNTRY)					
	MOTHER'S NAME: FIRST			MIDDLE				LAST (BEFORE MARRIAGE)				DATE OF BIRTH				PLACE OF BIRTH (STATE OR COUNTRY)					

PAYMENT INFORMATION	DATE		\$10.00 PAID BY <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/> CREDIT/DEBIT (CASH IN PERSON ONLY; NO PERSONAL CHECKS)																									
	<input type="checkbox"/> VISA																											
	<input type="checkbox"/> M/C																											

APPLICANT SIGNATURE										State of _____, County of _____ Subscribed and sworn or affirmed before me this _____ day of _____, _____. _____ NOTARY PUBLIC <div style="text-align: center; font-size: 2em; color: gray; margin: 20px 0;">SEAL</div> My Commission expires _____																			
PRINT NAME: FIRST LAST																													
MAILING ADDRESS (NUMBER & STREET OR PO BOX) APARTMENT #																													
CITY/TOWN STATE ZIP CODE																													
DAYTIME TELEPHONE NUMBER RELATIONSHIP TO REGISTRANT																													

PLEASE SEND COMPLETED APPLICATION, CORRECT FEE, AND ALL REQUIRED DOCUMENTS, TO: OFFICE OF VITAL RECORDS PO BOX 3887 PHOENIX, AZ 85030	WARNING: FALSE APPLICATION FOR A BIRTH CERTIFICATE IS A PUNISHABLE OFFENSE. FOR THE PROTECTION OF THE INDIVIDUAL, CERTIFICATES OF VITAL EVENTS ARE NOT OPEN TO PUBLIC INSPECTION. SIGNATURE OF APPLICANT MUST BE NOTARIZED, OR THIS FORM MUST BE ACCOMPANIED BY A COPY OF A VALID GOVERNMENT-ISSUED PHOTO ID WHICH CONTAINS THE APPLICANT'S SIGNATURE.
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